

Frequently Asked Questions (FAQs)

Updated: July 2024

The AAMC/AACOM Curriculum SCOPE Survey

The following are frequently asked questions related to the development of a joint curriculum data collection between the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM): the Curriculum SCOPE (Structure, Content, Organization, Process, Evaluation) Survey.

This is a living document that will continue to be updated as the AAMC receives new questions. If you would like to submit a question, please reach out to curriculum@aamc.org. Questions are organized into the following categories:

- [Curriculum SCOPE Survey](#)
- [Survey Tool](#)
- [SCOPE School Report](#)
- [AAMC and ACCOM Collaboration](#)
- [Curriculum Data Collection Review](#)
- [Support for Curriculum Mapping](#)

About the Curriculum SCOPE Survey

What is the purpose of the Curriculum SCOPE Survey?

Data from the Curriculum SCOPE Survey supports the AAMC and AACOM missions and advocacy work; informs medical school strategic plans and evidence-based curriculum decisions; and facilitates scholarship and dissemination.

When does the next iteration of the survey open?

The next iteration of the survey corresponds to the 2023-2024 academic year and opens September 5, 2024.

When does the survey close?

The 2023-2024 survey closes December 5, 2024.

Is participation in the survey required?

No, participation in the survey is voluntary. Medical schools that participate in the survey will receive custom reports as a benefit.

For DO schools who do not participate in the Curriculum SCOPE Survey, they will instead need to complete the curriculum-portion of the AACOM Annual Osteopathic Medical School Questionnaire (Annual Survey).

What kinds of questions are on the survey?

For the 2023-2024 iteration of the survey, sections include:

- Medical School Information
- Structure
- Content topics
- Topic In-Depth: Nutrition
- Method In-Depth: Education Technology
- Organization
- Process
- Evaluation & Assessment

What year of data does the survey collect?

The 2023-2024 survey collects data related to the 2023-2024 academic year, unless otherwise specified in individual questions.

Does the survey collect data about the required curriculum and the elective or optional curriculum?

Most survey questions relate to the required curriculum, unless otherwise specified in individual questions.

Does the survey collect undergraduate, graduate, or continuing medical education content?

Most survey questions relate to the undergraduate medical education curriculum, unless otherwise specified in individual questions.

Should new medical schools that have not yet matriculated students complete the survey?

No. As the survey collects the past academic year's curriculum for most questions, medical schools that have not yet matriculated a class of students may defer participation in the survey till they have enacted curriculum to report.

What question formats are on the survey?

Many of the questions are radio button/multiple choice checkboxes. Open-text responses are used sparingly and strategically to ensure ease of use of the survey data; the main use of open-text responses are follow-up descriptions (e.g., "Please describe ..."), or to provide explanations if an "other" selection was made in a multiple-choice question.

How much detail is expected for open-text questions?

The expectation is that responses for open-text questions (e.g., "Describe your medical school's parallel curriculum track(s), including the specific focus (e.g., research, primary care, leadership)."), the written response is *as brief as possible* to answer the question prompt.

Where can I view the survey?

A sample of the survey is available on the [virtual Curriculum Community](#). This is a confidential document. It is not to be shared, except with your medical school faculty and staff to prepare your submission.

Some of the questions in the survey seem similar to those in other collection instruments. Why?

Some questions on the Curriculum SCOPE Survey may seem like information contained in the Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire Part II, or the LCME Data Collection Instrument (DCI).

In these cases, questions are included in the survey despite the similarity because:

- While some questions may be similar, they are not the same. For example, both the Curriculum SCOPE Survey and the LCME Part II include topic lists; however, the list of topics may differ, and the Curriculum SCOPE Survey collects additional detail.

- The Curriculum SCOPE Survey includes data from U.S.MD-granting medical schools, Canadian MD-granting medical schools, and DO-granting medical schools, whereas the LCME Part II collects data from U.S. MD-granting schools.
- The Curriculum SCOPE Survey allows for filterable, benchmarkable data for school reports.

How was the survey name created?

The acronym SCOPE (Structure, Content, Organization, Process, Evaluation) was developed after considering the multiple facets of curriculum in the survey. The word curriculum may connote content for some, but others may consider the word curriculum more broadly.

How were the survey questions and topics chosen?

The bank of potential survey questions was distilled down to the most critical through a prioritization exercise with AAMC staff and volunteers from MD-granting medical schools and DO-granting medical schools. Similarly, AACOM coordinated the identification of priority areas and questions through discussions with its member COMs (College of Osteopathic Medicine).

Topics were selected in collaboration with AAMC and AACOM constituents based on the AAMC and AACOM strategic priorities, current challenges in healthcare, and current and anticipated policy and advocacy initiatives at the local, regional, and national levels. It is anticipated that topics queried by the SCOPE Survey will change to best address the medical education community's needs.

Does the survey contain the same questions from year-to-year?

Not necessarily. The survey content will change over time to meet ever-evolving needs of medical schools and the AAMC and AACOM missions. Questions may be paused for a given year or discontinued to make room for new questions.

How much time does the survey take to complete?

Based on the 2022-2023 survey, the median number of hours to complete the survey was seven hours among medical schools that provided data on time for completion.

This median completion time represents a meaningful reduction in time from previous data collections; participation in the Curriculum Inventory, for instance, could take upwards of hundreds of hours to build and maintain for uploading to the AAMC CI Portal.

In addition, other data collections have been consolidated, leading to a decrease in institutional effort in reporting curriculum data to the AAMC.

Why might time to complete the survey vary among medical schools?

For medical schools that took more time to complete the survey, reasons included:

- The survey format and content were unfamiliar because it was new,
- Locating sources or data to respond to some questions,
- Querying input from others at their school to answer specific questions,
- Gathering buy-in from faculty contributors to respond in a timely manner.

Is there a recommended way to complete the survey?

There are a few different approaches medical schools may take to completing the survey.

Medical schools may find it useful to identify a project manager/survey coordinator who determines appropriate timelines and connects with different groups to collaborate and assign tasks. Alternatively, some medical schools may find it useful to fill out the survey to the best of their ability and then connect with staff to fill in any remaining blanks.

Based on pilot testing, medical schools that began with one individual (e.g., curriculum dean) completing their portions of the survey first, and then sharing out specific questions and sections with others, reported needing less time to complete the survey than schools who used other approaches.

Recommendations include:

- Assign one person to be the keeper of survey edits for your team.
- Review the survey questions early, even if your team does not plan to start completing the survey right away.
- Note the data sources your team anticipates needing access to and alert the keepers of those data about the need and timeline.
- Identify your team. Will your medical school choose one person to fill out most of the survey first and send specific sections to others as needed? Or will you distribute the survey to various team members, and then have one person quality check and consolidate the responses?
- Circulate the sample draft survey with team members, available on the [virtual Curriculum Community](#), so your team can orient to the types of questions and information needed.
- Set up meetings. Your team may not need them, or may not need all of them, but it will be helpful to have time blocked for group discussion. If not, the meetings can be canceled.
- Set an internal deadline before the actual survey deadline, so there is time for the unexpected.

What data sources are needed to complete the survey?

Medical schools reported utilizing the following data sources:

- Curriculum map
- Learning management system
- Course calendars
- Faculty documents
- Syllabi
- Institutional knowledge
- Institution/committee documents
- AAMC and other organization annual reports

Does the survey require changes to our processes or resources?

Medical schools that participated in the Curriculum SCOPE Survey pilot gave recommendations on how they adjusted their processes. Their recommendations have been incorporated into the SCOPE Survey instructions, listed in the survey itself. Recommendations and perspectives from medical schools were also highlighted in the [July 12, 2023 Town Hall](#).

What reports can medical schools anticipate?

The primary aim of the initial reporting strategy for this collection is to provide medical school-specific filterable data for benchmarking and evaluation purposes. These reports were designed through collaboration of AAMC data experts across departments and the [Curriculum Committee](#). These custom reports will be available in June 2024. In addition, the historic [Curriculum Reports](#) webpage remains available for use.

Does the survey utilize terms and definitions?

The Curriculum SCOPE Survey utilizes educational terminology with definitions provided. Sources for terms and definitions, such as the Liaison Committee on Medical Education (LCME) Data Collection Instrument (DCI) Glossary, the [AAMC Curriculum Keywords](#), and more were consulted, along with the guidance of the AAMC Reference Center professional librarian staff.

To reduce ambiguity, the Curriculum SCOPE Survey provides definitions of key survey terms and terms which may have specific meaning in the context of this survey within the survey tool.

Terms which are widely understood, industry standard, or do not have a meaning specific to this survey are not defined. Should a term, defined or undefined, remain unclear, apply your institutional definition and interpretation to respond to the survey item.

How does the survey address past issues in equitable access?

Across the curriculum community, medical schools have different structures and levels of resource support. Creating a data collection that allows all medical schools the opportunity to participate is important to reduce bias and ensure completion. With past curriculum data collections, medical schools were surveyed through multiple channels and in multiple ways. The former AAMC Curriculum Inventory (CI) Portal, which required vendor support or heavy institution IT (Information Technology) engagement, made the technical barriers high. The AAMC looked across data collections with a focus on equitable access, keeping in mind differences in staffing and technology.

To achieve this goal, the Curriculum SCOPE Survey significantly reduces the amount of data collected, collects the data in a more simplified manner, and creates opportunity for community feedback and engagement.

Why does the AAMC not collect how many hours are spent on specific topics in the curriculum?

Given the shift towards competency-based education, the AAMC is focused on collecting information around competencies rather than time in curriculum. However, the Curriculum SCOPE Survey does include questions related to time in a broader format (e.g., weeks in specific phases of the curriculum).

If my medical school has more than one program (e.g., a four-year program, and a three-year accelerated program), which should be considered when completing the survey?

When completing the survey, some questions may ask if your medical school has more than one program as part of your medical degree. Most survey questions relate to the program in which most of your medical students are enrolled. For example, if your medical school offers both a four-year medical degree for 80% of your students, and a three-year accelerated medical degree program for 20% of your students, you will complete most questions of the survey with your four-year medical degree program in mind.

How can I join the external panel providing feedback and ideas for the Curriculum SCOPE Survey?

The Curriculum Committee includes a subcommittee of DO-granting and MD-granting medical school representatives who meet regularly to continue work on the SCOPE Survey. Recruitment for the committee is currently closed. If you are interested in learning more about the role of the Curriculum Committee and future opportunities, please contact curriculum@aamc.org.

How can I submit questions for the survey?

The best way to be a collaborator for the survey is to apply to serve on the Curriculum Committee; however, you can also contact curriculum@aamc.org to discuss future survey content or submit to the [suggestion box](#).

How can medical schools stay informed regarding the survey?

The way to ensure that faculty and staff are informed about the Curriculum SCOPE Survey is to contact curriculum@aamc.org to ensure your correct contact information is included in our distribution list. Additional channels for information, updates, and events are available on the SCOPE website (www.aamc.org/SCOPE) and the [virtual Curriculum Community](#).

About the Survey Tool

To whom is the survey link sent?

The invitation email with a unique survey link is sent to each medical school's identified curriculum dean.

How can I update my medical school's curriculum dean and additional points of contact?

To ensure your medical school's curriculum dean, relevant faculty, and staff are included in the survey news, please contact curriculum@aamc.org.

My medical school does not have a person with the "curriculum dean" title. How can we identify the person to receive the survey link?

For the Curriculum SCOPE Survey, a curriculum dean is responsible for the medical school curriculum. It is someone with authority and awareness of the overall curriculum. You may choose the most relevant person, even if their official job title differs, to receive the Curriculum SCOPE Survey.

Can the survey link be sent to more than one curriculum dean?

No. Each medical school must identify ONE curriculum dean.

However, if your medical school has more than one curriculum dean, you may forward the survey link to them, and request the AAMC include them as additional points of contact to receive survey news and updates by emailing curriculum@aamc.org.

How many additional points of contact at our medical school can receive survey news?

In addition to the curriculum dean, you may include up to 3 relevant faculty and staff to be kept in the loop regarding the survey news. For example, perhaps your medical school has an assistant dean for the basic science curriculum, and an assistant dean for the clinical curriculum, and you would like both kept in the loop. It is helpful to have at least one person in addition to the curriculum dean included in survey news.

What email address does the survey invitation email come from?

The survey invitation email comes from curriculum@aamc.org. If you do not receive the email on the launch date (September 5), please check your spam and junk folders for curriculum@aamc.org, and contact curriculum@aamc.org if you need assistance.

How many submissions is my medical school expected to submit?

One. Each medical school receives a survey link unique to their school, for one Curriculum SCOPE Survey submission.

Can I forward the survey link to others at my medical school?

The curriculum dean may forward the invitation email and survey link to whichever faculty and staff at their medical school whom they deem helpful in completing the survey.

Please use caution when sharing the survey link, as anyone it is shared with can edit the submission. If multiple individuals are editing the survey without coordination, there is risk of inadvertent edits or multiple editors overwriting each other's work.

The AAMC recommends identifying one person at your medical school to manage all edits to the survey submission. If others at your medical school need to view the survey questions, you may direct them to the sample survey and editable survey template in Word format on the [virtual Curriculum Community](#).

Do not forward the survey link to individuals outside of your medical school.

What survey tool is used for the survey?

The AAMC uses a survey software called Verint. Its functions and features are like other web-based survey tools.

Does the survey tool auto-save?

No. Verint does not consistently auto-save. Please make sure to periodically save your work.

Can I save my survey responses and return to editing the survey later?

Yes, there is an option to "save and continue" or "save and exit," so that you can save your responses in progress. You may save and edit your survey response as many times as needed until the deadline.

How can I see all the questions on the survey?

Branched questions on the survey are only visible to those for whom they are relevant. If you would like to view all the questions, regardless of branching, you may view the sample survey on the [virtual Curriculum Community](#).

Why are there no question numbers in the survey link?

Question numbers have been removed from the survey link due to branched questions, as it would be confusing for respondents to see jumps and skips in question numbering when branched questions are not relevant for them. Question numbers are included in the sample survey on the [virtual Curriculum Community](#).

Can I have a copy of my medical school's survey responses?

Yes. There are two methods: email and print, available once you submit your survey to the AAMC.

If you select “email,” the survey tool sends an email to the person who initially received the survey link (i.e., curriculum dean). That person may forward the email to others at their medical school as needed.

If you select the print option, the survey tool allows the person submitting the survey to select “print.” Please note that only questions which your medical school responded to will be included in print. (If you choose the email method, all questions are included).

To see all the questions, please see the sample survey and editable template on the [virtual Curriculum Community](#).

Can I make edits to my medical school’s survey after the deadline?

If your medical school makes edits to a previous years’ survey link, please notify curriculum@aamc.org. The survey tool does not have automatic surveillance to notify the AAMC when updates to a survey link are submitted, and the AAMC does not surveil past years’ survey links for updates. You may wish to make edits to a past years’ survey submission if you notice that a question was omitted that you wish to respond to, or you wish to edit a previous question answer. Notifying the AAMC will ensure that the data is updated for future reporting.

SCOPE Medical School Report

What is the SCOPE Medical School Report (SCOPE Report), and why is it important?

The SCOPE Report is a practical benefit to AAMC and AACOM member medical schools. It displays data from the AAMC AACOM Curriculum SCOPE Survey in the following ways:

- (1) Custom benchmark tables, with customized visual benchmarks for participating medical schools with national aggregate data, and
- (2) Deidentified row-by-row medical school-level data, to support participating medical schools wishing to conduct their own additional analyses.

Access to visually benchmarked and medical school-level data supports medical schools in their work to:

- Identifying patterns, trends, and key findings;
- benchmarking current and planned curriculum by aggregate norms;
- discussing the findings your curriculum committee;
- considering when curriculum change may or may not be warranted;
- evaluating your program for continuous quality improvement; and
- informing strategic plans and evidence-based decision-making.

Are there identifiable data in the SCOPE Report?

No. All the data in the SCOPE Report, including the row-by-row medical school-level data, are deidentified. However, your medical school's SCOPE Report ID will be included in your custom report, so that you can identify your medical school among the row-by-row medical school-level data.

How can I access my SCOPE Report?

The SCOPE Report is shared in one of two ways, depending on medical school type:

- 1) AAMC Medical School Profile System (MSPS), for U.S. MD-granting medical schools, and
- 2) Email, for all participating schools (U.S. MD, U.S. DO, and Canadian medical schools).

Who at my medical school receives the SCOPE Report?

Your medical school's custom SCOPE Report is accessible to your medical school's designated curriculum dean.

How can I update my medical school's designated curriculum dean?

To update your medical school's curriculum dean, please contact curriculum@aamc.org.

Can my medical school's curriculum dean share our SCOPE Report with others?

Yes. The curriculum dean may share their SCOPE Report or data from the SCOPE Report among your medical school faculty and staff for *internal, medical school curriculum-related purposes only*.

Can I use my medical school's SCOPE Report for external, non-curriculum related activities?

The SCOPE Report and its data cannot be shared with individuals outside of the medical school, including third-party service providers, other institutional departments, or for purposes other than curriculum, without written permission from the AAMC.

Can I use my medical school's SCOPE Report for commercial purposes?

No. The SCOPE Report and its data may only be used for non-commercial purposes.

Where can I find policies about how the SCOPE Report can and cannot be used?

Within the SCOPE Report, the Excel workbook tab "Terms of Use" outlines the various conditions under which the report and its data may and may not be used.

What is the Medical School Profile System (MSPS)?

The MSPS is a password-protected site through which AAMC-member medical schools in the United States may access data and reports.

Where can the curriculum dean access MSPS?

Curriculum deans can access the MSPS with their AAMC-username and password account: [Medical School Profile System \(MSPS\) | AAMC](#)

How can the curriculum dean create an AAMC account to access the Medical School Profile System (MSPS)?

The curriculum dean may create an AAMC account here: [OneAAMC | Create AAMC Account](#).

How can the curriculum dean update their AAMC account password?

Help in resetting the curriculum dean's AAMC account password is available here: [OneAAMC | Reset Password](#)

How can I find out who at my medical school has access to what functions of the MSPS?

For a list of those at your medical school whom have access to curriculum reports in the MSPS, please complete the [AAMC data request form](#).

Who should I contact with questions about MSPS?

For general questions about MSPS, please send an email to mspshelp@aamc.org.

What data are included in the SCOPE Report?

Reports using AAMC AACOM Curriculum SCOPE Survey data are being rolled out in phases; this iterative approach allows the AAMC to produce reports more swiftly and gather feedback before finalizing future data sharing.

Initial report priorities include:

- Topics in required curriculum
- Topics in elective curriculum
- Start of first clinical experiences
- Start of first required clinical clerkships

How can I use the SCOPE Report to benchmark my curriculum?

Your SCOPE Report includes national aggregate statistics. For each question on the survey for which your medical school provided data, your medical school's data is represented with yellow highlighting, visually benchmarking your medical school's data within the national data results.

You may use this benchmarking information within your medical school for curriculum-related activities, such as discussion with your curriculum committee, consideration of curriculum change, program evaluation and continuous quality improvement, and evidence-informed decision-making.

How can I learn more about how best to use the SCOPE Report?

An informational session held on June 27, 2024, outlines the contents of the SCOPE Report with an example of how best to utilize the data and displays. [Please access the recording here.](#)

Can I conduct research and publish findings with data from this survey?

Please reach out to curriculum@aamc.org if you are interested in conducting research or disseminating/publishing with data from this survey. Within the SCOPE Report, the Excel workbook tab "Terms of Use" contains instructions and limitations regarding dissemination. The AAMC also welcomes member collaboration in targeted Data Snapshot publication (sample available [here](#)).

How should I cite the survey?

Before citing data for external use, please contact curriculum@aamc.org. If you reference the SCOPE Survey itself, please use the below citation:

Curriculum SCOPE Survey 2022-2023. Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM); 2024.

<http://www.aamc.org/SCOPE>. Accessed [insert date].

How can I share my thoughts on reporting priorities for the next edition of the SCOPE Report?

Are there questions from the survey that are particularly crucial for your medical school? Please share your thoughts as to which data points should be prioritized for reporting through the AAMC's [Suggestion Box](#).

About AAMC and AACOM Collaboration

Does the survey include DO schools?

Yes. The AAMC and AACOM collaborated on the development of this survey. One of the sources of the Curriculum SCOPE Survey's content is the curriculum portion of the AACOM Annual Osteopathic Medical School Questionnaire (Annual Survey).

What are the benefits for DO programs to participate?

To benefit both DO and MD schools, the AAMC continues to develop and publish individual school and aggregate, de-identified reports. These reports are helpful to schools for benchmarking, continuous quality improvement, and program evaluation purposes, thus using data to support evidence-based curriculum change decisions.

Are the survey questions relevant for DO programs?

Yes. The Curriculum SCOPE Survey was developed in collaboration with both organizations. DO schools were included in the external feedback panel and pilot tester groups, committee recruitment, focus groups, town halls, and many other steps to ensure survey content and language are relevant and useful for DO schools. In addition, the curriculum portion of the AACOM Annual Survey was one of the sources for the new survey's content.

Why complete the AAMC-AACOM Curriculum SCOPE Survey?

The intent of AACOM's and AAMC's collaboration is to reduce duplicate reporting through data integration. This data integration creates a unique data set for DO and MD schools.

Will my participation in the SCOPE Survey impact my participation in the AACOM Annual Survey?

Some of you may have concerns or questions regarding the future of curriculum reporting for the AACOM Annual Survey. Since AACOM and AAMC have worked together closely throughout this collaboration, many questions nearly mirror each other for both the SCOPE Survey and curriculum sections of the AACOM Annual Survey. Therefore, DO schools that opt to participate in the SCOPE Survey *are only required to complete the AACOM Annual Survey curriculum sections that either are not on the SCOPE Survey or collect data in a meaningfully different way than the SCOPE Survey. DO schools opting out of the SCOPE Survey must complete all AACOM Annual Survey curriculum sections.*

IMPORTANT NOTE: The inaugural SCOPE Survey collected data on the 2022-2023 academic year while the 2023-2024 AACOM Annual Survey collected data on the 2023-2024 academic year. To be excluded from sections of the AACOM Annual Survey that correspond with the SCOPE Survey, DO schools MUST have agreed to also participate in next year's SCOPE Survey that will collect data for the 2023-2024 academic year.

How do I know which sections of the Annual Survey correspond with the SCOPE Survey?

In 2023, the following sections of the AACOM Annual Survey included questions that corresponded with the Curriculum SCOPE Survey:

- 5.2. Clinical Experience
- 5.3. Curriculum Length
- 5.7-1-2. Rural or Underserved Rotations
- 5.7-3. Clinical Clerkship Summary
- 5.7-5. Test Prep/External Curricular Resources
- 5.10. Electives
- 5.14. COMLEX-USA

A mapping of Annual Survey questions that correspond with the SCOPE Survey was provided to all participating DO schools via their AACOM Annual Survey repositories and is available on the [SCOPE webpage](#). Contact your Annual Survey coordinator or Aisha Ali (aali@aacom.org) if unsure of how to access your Annual Survey repository.

How will AACOM ensure proper data collection and reporting?

AACOM continually strives to improve its data operations, processes and procedures and this data collaboration is no different. As the curricula continues to evolve at AACOM's member colleges, AACOM's Research Department will continue to work with AAMC to respond to these changes.

What support will be offered to DO schools participating in the SCOPE Survey?

The AAMC and AACOM teams work together to ensure both MD and DO schools are provided with the proper resources and support needed to complete the SCOPE Survey successfully. Both teams collaborate to answer any questions schools may have concerning their participation, to ensure that both MD- and DO-granting schools are supported.

What if I have questions about the SCOPE Survey or would like to provide feedback?

For questions or suggestions of proposed topics for future Curriculum SCOPE Surveys, you may submit feedback via AAMC's [Suggestion Box](#). Questions on the Curriculum SCOPE Survey will change over time to respond to the ever-evolving curricular changes at medical schools and to meet the missions of AAMC and AACOM. Proposed topics and questions are considered based on priorities and with advice from the Curriculum Committee.

How can DO schools stay informed regarding the survey?

Contact curriculum@aamc.org to ensure your correct contact information is included in AAMC's distribution lists to receive updates and survey invitations. Additional channels for information, updates, and events are available via the website (www.aamc.org/SCOPE) and the [virtual](#)

[Curriculum Community](#). Please register for a free account and indicate you want to join the virtual Curriculum Community. This account is different from the general AAMC account.

About the Curriculum Data Collection Review

What was the purpose of the AAMC's curriculum data collection review?

The overall goals of the curriculum data review project conducted in 2022 included: (1) ensuring participation in data collections are equitably accessible; (2) consolidating data collections to avoid redundancy and optimize resources; and (3) providing curriculum data that best supports our members, the community, and the AAMC and AACOM missions.

Why did the AAMC change its approach to curriculum data collection?

Merging several data collections benefits schools' engagement and AAMC capabilities to develop useful curriculum reports. One of the review's findings was that data collected across multiple surveys was not consistently reported. The AAMC is committed to collecting data that can be used and shared, and to making participation feasible for our members with a reasonable technical bar.

What curriculum data collections were reviewed?

The following AAMC data collections were reviewed: New and Emerging Demands (NEEDs) Survey, the Regional Medical Campus Survey, the Curriculum Inventory (CI), and the Simulation Inventory Survey. We also reviewed the curriculum portion of the AACOM Annual survey.

Are all the questions previously collected by the AAMC on the new survey?

No. The Curriculum SCOPE Survey does not contain all the questions previously found on the separate data collections reviewed. The content of the Curriculum SCOPE Survey is reviewed and updated each year and includes input from the Curriculum Committee. The AAMC has retained the data records from the previous collections.

Why is the Liaison Committee on Medical Education (LCME) Data Collection Instrument (DCI) or LCME Annual Medical School Questionnaire Part II not included in this data collection review?

While the LCME is co-sponsored by the American Medical Association (AMA) and AAMC, decisions regarding the LCME Annual Medical School Questionnaire Part II are made by the LCME, with AAMC and AMA providing input. However, survey content alignment with LCME terminology and definitions was considered through a review of the most recently available LCME Data Collection Instrument (DCI) Glossary and LCME Annual Medical School Questionnaire Part II.

When was the sunseting of previous data collections, and movement towards a new data collection, announced?

After discussion with key partners, the announcement to sunset the Curriculum Inventory and other separate data collections and begin work towards a new consolidated data collection, was publicly shared in October 2022.

About the AAMC's Support for Curriculum Mapping

What resources are available to schools for curriculum mapping now?

The AAMC continues to support schools in their curriculum and mapping management needs. Curriculum mapping remains an accreditation requirement. Schools can consider what their curriculum mapping needs are based on accreditation, curriculum committee needs, evidence-based curriculum change, CQI (Continuous Quality Improvement) and program evaluation, and other priorities.

What continues to be available:

- ✓ The virtual [AAMC Curriculum Community](#)
- ✓ The [Building Better Curriculum Webinar Series](#)
- ✓ Public-facing [curriculum trend reports](#) based on the LCME Part II, Curriculum Inventory data through 2022
- ✓ Curriculum mapping [resources](#) such as the Guidebook to Building a Curriculum Map, the AAMC Curriculum Keywords, and more.

Can the AAMC share the programming of its curriculum inventory (CI) reports, such as making the CI Portal open source, so that schools and vendors can recreate the Verification and Accreditation Support Reports themselves?

Unfortunately, no. This option was explored after schools and vendors requested it in fall 2022. However, after consulting with our IT and legal colleagues, it became clear that the multiple steps taken to transform the data before it reaches its final reporting format would mean that sharing the code for the reports themselves would not result in a useable report format.

How will this transition affect medical schools' curriculum mapping staff?

Having a curriculum map, database, or inventory remains an accreditation requirement based on Liaison Committee on Medical Education (LCME) and Commission on Osteopathic College Accreditation (COCA) standards. Medical schools still need staff to build, manage, and use their curriculum maps.

This AAMC transition will free up medical schools' staff dedicated to curriculum mapping to repurpose the time they previously spent on the CI Portal upload and XML formatting. Now schools can focus on their own curriculum mapping and management needs, whether its mapping to support accreditation, curriculum change, the curriculum committee needs, and more.

What oversight will there be for vendors' curriculum mapping systems, given the Curriculum Inventory's (CI's) sunseting?

The Curriculum Inventory standards continue to be shared through MedBiquitous. However, it is up to each medical school to determine how best and by what criteria to consider potential vendor relationships.

The AAMC Curriculum Inventory (CI) upload season was motivational for my staff to manage and update curriculum documentation; I am concerned to no longer have that now.

We have heard from schools that the annual timing of the Curriculum Inventory (CI) upload period each year is something their teams are now prepared for, and it helped to set an annual expectation for teams to spend time ensuring their curriculum mapping and documentation was up to date. For this reason, the Curriculum SCOPE Survey will run during a similar time frame.

Why is the AAMC no longer using the MedBiquitous Curriculum Inventory (CI) Standard?

The AAMC remains committed to standards development to better share and report data. We will no longer be collecting data according to the MedBiquitous CI Standard, but schools and vendors can utilize the standards to support their curriculum mapping.

What is the future of the MedBiquitous CI Standards?

Although MedBiquitous is a program of the AAMC, it is a standard setting organization and independent in its community convening and standards developed and maintained. The AAMC does not control the programmatic agenda of MedBiquitous. All MedBiquitous standards are ANSI accredited and decisions to update or create new standards are considered by a participant voting process. MedBiquitous participants come from AAMC member institutions, but also represent health professions education organizations and institutions, government, and for-profit vendors.

The MedBiquitous CI Standard, now referred to as the MedBiquitous Curriculum Data Exchange, has a standing working group and it is their decision to revise or advance the standard. The current MedBiquitous CI Standard remains a standard of MedBiquitous until the working group proposes updates in the future. The MedBiquitous CI Standard remains available on the [MedBiquitous website](#).